Blue Cross & Blue Shield of Rhode Island

277CA- Health Care Claim Acknowledgement Companion Guide

HIPAA Version 5010

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PREFACE

This Companion Guide supplements the ASC X12 277CA (005010X214) 5010 Technical Report Type 3 (TR3 and Errata) adopted under HIPAA. Its purpose is to clarify the rules and specify the data content when data is electronically transmitted to Blue Cross & Blue Shield of Rhode Island (hereinafter “BCBSRI”). The rules for transmitting data detailed herein are compliant with both X12 syntax and the 5010 Technical Reports Type 3 (TR3s and Errata). This Companion Guide does not convey information that in any way exceeds the requirements or usages of data expressed in the 5010 Technical Reports Type 3 (TR3s and Errata).

DISCLAIMER

This Companion Guide is considered a living document, and as such, the information provided herein will be subject to change prior to and after July 1, 2011 in the event that BCBSRI revises its policies or HIPAA Transactions and Code Sets law is updated or amended.
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1.0 Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for health care as established by the Secretary of Health and Human Services (HHS).

The ANSI X12N 5010 Technical Reports Type 3 (TR3s) and Errata adhere to the final HIPAA Transaction Regulations and have been established as the standards of compliance for electronic transactions. The 5010 Technical Reports Type 3 (TR3s) are available electronically at www.wpc-edi.com.

2.0 Scope

This 277CA Health Care Claim Acknowledgement Companion Guide is designed for use in conjunction with the ANSI ASC X12N 277CA (005010X214) Health Care Claim Acknowledgment 5010 Technical Report Type 3 (TR3). The specifications contained within this Companion Guide define current functions and provide supplemental information specific to Blue Cross & Blue Shield of Rhode Island (BCBSRI). The information presented is for clarification and does not contradict any requirements in the ANSI X12N 5010 Technical Reports Type 3 (TR3s).

The tables in Section 7.0 and Section 7.1 detail the additional information directly related to loops, segments, data elements and settlement fields specific to BCBSRI transactions.

3.0 Trading Partners

A BCBSRI EDI trading partner is any business partner (provider, billing service, software vendor, employer group, financial institution, etc.) who transmits to or receives electronic data from BCBSRI.

In order to register as a BCBSRI Trading Partner and begin testing, it is necessary to complete the Trading Partner Registration (TPR) form. In addition, Trading Partners must print out and complete a copy of the Trading Partner Agreement (TPA) before partner testing can begin. Both documents are located on the BCBSRI Web site (https://www.bcbsri.com/BCBSRIWeb/providers/provider_network_system/companion_guides.jsp). Both original documents must be returned to:

EDI & Electronic Information Exchange
ATTN: EDI Trading Partner Agreement & Registration
Blue Cross & Blue Shield of Rhode Island
500 Exchange Street
Providence, RI 02903

4.0 Working with BCBSRI

BCBSRI will work closely with its Trading Partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.
4.1 Contact Information

Call the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1855-721-4211.

5.0 Payer Connectivity/Communications

5.1 Transmission Administrative Procedures

BCBSRI EDI & Electronic Information Exchange staff will establish logon IDs, passwords and a HIPAA transaction mailbox for each Trading Partner approved for testing.

If Trading Partners wish to test 277CA transactions during the Partner Testing Phase, Trading Partner Registration Form must be completed, signed and mailed to EDI & Electronic Information Exchange prior to the start of testing.

5.2 Communications Protocols

The initial communications will utilize Internet browser technology (IP Protocol) to the secure BCBSRI Web site. It is required that all trading partners have Internet access with an industry standard browser, using at least version 7.0 of IE. These connections can be made via Secure File Transfer Protocol (SFTP) software with an SSH Key or HTTPS using a Certificate provided by BCBSRI.

BCBSRI provides a Web-based application known as BCBSRI Blue Gateway that enables Trading Partners to:

- Submit (send) HIPAA transactions;
- Receive HIPAA transaction responses; and
- View history files (directory) of all transactions sent and received.

5.2.1 Passwords

Trading Partner access will be verified by the logon ID and password whenever the BCBSRI Blue Gateway system is accessed. Operation procedures will assure that logon IDs and passwords are initiated, monitored and maintained in a secure manner.

5.2.2 Connecting to BCBSRI via Blue Gateway

Please go to [www.bcbsri.com](http://www.bcbsri.com) and select the Providers tab, HIPAA and Documentation to view or print BCBSRI Blue Gateway (HTTPS or SFTP), documents that provides detailed instructions on how to connect to the BCBSRI Blue Gateway system.
6.0 Receiver/Sender Identifiers

6.1 ISA-IEA Control Segments/Envelopes

Sender ID interchange control segments: Use ID Qualifier code ZZ in ISA05. The Submitter ID provided by BCBSRI in the Trading Partner Agreement must be used in ISA06 and GS02. ID limited to 8 characters with a leading alpha prefix. Prefixes: \textbf{P} = Production, \textbf{T} = Test.

Receiver ID interchange control segments: You will find the ID Qualifier code ZZ in ISA07. The Receiver ID provided by BCBSRI in the Trading Partner Agreement will be used in ISA08 and GS03.

6.1.1 ISA Delimiters

BCBSRI systems will accept the valid delimiters listed below and request that the use of delimiters be restricted to the following:

\begin{itemize}
  \item * = Element Delimiter
  \item : = Composite Delimiter
  \item ~ = Terminator Delimiter
  \item ^, { = Repetition Separator Delimiter (ISA11)
\end{itemize}

6.2 GS-GE Control Segments/Envelopes

Sender ID interchange control segments: Submitter = GS02.

Receiver ID interchange control segments: Receiver = GS03.

Sender IDs will be assigned.

GS Segments/Reference Codes:

\begin{center}
\begin{tabular}{|l|l|l|}
\hline
Functional Identifier Code & GS01 & HN \\
Application’s Sender Code & GS02 & 222774 \\
Application’s Receivers Code & GS03 & TXXXXXXX(test) \\
& & PXXXXXXX(production) \\
Date & GS04 & ccymmd \\
Time & GS05 & hhmm \\
Group Control Number & GS06 & Required \\
Responsible Agency Code & GS07 & X \\
Version/Release/Industry Identifier Code & GS08 & 005010X214 \\
\hline
\end{tabular}
\end{center}

7.0 BCBSRI Specific Business Rules and Limitations

\textbf{Claim Models Supported:} BCBSRI will only support the Provider-to-Payer claim model with the exception of BCBSRI Blue on Blue coverage. Therefore, if a payer is secondary to BCBSRI, providers must submit their own secondary claims to the payer. BCBSRI will accept claims from Medicare for which BCBSRI is the secondary payer. Therefore, providers will not have to submit these to BCBSRI.
Valid Receivers: BCBSRI will 277CA transactions to valid Trading Partners who submit 837 claim files to BCBSRI.

General Information: At this time BCBSRI will continue to send provider control reports to providers who submit 837 Claim files. Should this policy change, providers will be notified 60 days in advance.

7.1 277CA Health Care Claim Acknowledgement Key Fields

<table>
<thead>
<tr>
<th>Envelope/Section Label</th>
<th>Segment</th>
<th>Description</th>
<th>Value</th>
<th>Description/Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transaction Set Header</td>
<td>ST01</td>
<td>Transaction Set Identifier Code</td>
<td>277</td>
<td>Health Care Claim Status Response</td>
</tr>
<tr>
<td>Transaction Set Header</td>
<td>ST02</td>
<td>Transaction Set Control Number</td>
<td>Same as SE02</td>
<td>Identifying Control Number that must be unique within the transaction set functional group</td>
</tr>
<tr>
<td>Transaction Set Header</td>
<td>ST03</td>
<td>Implementation Convention Reference</td>
<td>005010X214</td>
<td>Version, Release or Industry Id</td>
</tr>
<tr>
<td>Beginning of Hierarchical Transaction</td>
<td>BHT01</td>
<td>Hierarchical Structure Code</td>
<td>0085</td>
<td>Information source, Information Receiver, Provider of service, Patient</td>
</tr>
<tr>
<td>Beginning of Hierarchical Transaction</td>
<td>BHT02</td>
<td>Transaction Set Purpose Code</td>
<td>08</td>
<td>Status</td>
</tr>
<tr>
<td>Beginning of Hierarchical Transaction</td>
<td>BHT03</td>
<td>Reference Identification</td>
<td>CCYMMDDX XXX</td>
<td></td>
</tr>
<tr>
<td>Beginning of Hierarchical Transaction</td>
<td>BHT04</td>
<td>Transaction Set Creation Date</td>
<td>CCYMMDD</td>
<td>Creation date</td>
</tr>
<tr>
<td>Beginning of Hierarchical Transaction</td>
<td>BHT05</td>
<td>Transaction Type Code</td>
<td>TH</td>
<td>Receipt Acknowledgement Advice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loop ID: 2200D</th>
<th>Claim submitter Trace Number/ Claim Level Status Information</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TRN01</td>
<td>Trace Type Code</td>
<td>2</td>
<td>Referenced Transaction Trace Numbers</td>
</tr>
<tr>
<td>TRN02</td>
<td>Reference Identification</td>
<td></td>
<td>Patient control number</td>
</tr>
<tr>
<td>STC01-1</td>
<td>Health Care Claim Status Category Code</td>
<td>Industry Code</td>
<td>One of the Health Care Industry Category codes used from Code Source 507</td>
</tr>
<tr>
<td>STC01-2</td>
<td>Health Care Claim Status Code</td>
<td>Industry Code</td>
<td>One of the Health Care Industry Category codes used from Code Source 508</td>
</tr>
<tr>
<td>STC01-3</td>
<td>Entity Identifier Code</td>
<td></td>
<td>Please see Implementation guide for valid codes</td>
</tr>
<tr>
<td>STC02</td>
<td>Status Information Effective Date</td>
<td>CCMMYYDD</td>
<td>Effective date of the above category/status.</td>
</tr>
<tr>
<td>REF01</td>
<td>Reference Identification</td>
<td>1K</td>
<td>Payer’s claim Number</td>
</tr>
<tr>
<td>REF02</td>
<td>Reference Identification</td>
<td>Payer Claim Control Number</td>
<td>Claim id</td>
</tr>
<tr>
<td>REF01</td>
<td>Claim Number</td>
<td>D9</td>
<td>Clearinghouse Trace Number</td>
</tr>
<tr>
<td>REF02</td>
<td>Reference Identification</td>
<td>Clearinghouse Trace Number</td>
<td>Clearinghouse Trace Number sent within the incoming ASC X12 837 5010 transaction</td>
</tr>
<tr>
<td>REF01</td>
<td>Billing Type</td>
<td>BLT</td>
<td>Billing type for Institutional claims only</td>
</tr>
<tr>
<td>REF02</td>
<td>Reference Identification</td>
<td>Code Source 236 and 235 respectively</td>
<td>Concatenated 837I CLM05-1 and CLM05-3 from incoming ASC X12 837 5010 transaction</td>
</tr>
<tr>
<td>SE02</td>
<td>Transaction Set Control Number</td>
<td>Same as ST02</td>
<td>Identifying Control Number that must be unique within the transaction set functional group</td>
</tr>
</tbody>
</table>
8.0 Examples

ISA*00* *00* *ZZ*222774 *ZZ*P5001799 *161229*0609*[00501*000001234*0*P*:
GS*HN*222774*P501799*20161229*06091490*1*X*005010X214
ST*277*0001*005010X214
BHT*0085*08*205805104*20161229*06091490*TH
HL*1**20*1
NM1*PR*2*BLUE CROSS BLUE SHEILD OF RI*****PI*222774
TRN*1*205805104
DTP*050*D8*20161206
DTP*009*D8*20161229
HL*2*21*1
NM1*41*2*PROVIDER NAME*****46*P5001799
TRN*2*205805104
STC*A1:19:PR*20161206*WQ*18577.27
QTY*90*0
QTY*AA*1
AMT*YY*18577.27
HL*3*21*91
NM1*85*2*RHODE ISLAND HOSPITAL*****XX*1588659528
HL*4*3*PT
NM1*QC*1*PATIENT LASTNM*PATIENT FIRST****MI*SUBSCRIBER ID
TRN*2*HB100290157401
STC*A3:23:41*20161229*U*18577.27
REF*D9*01578-1142008089
REF*BLT*131
DTP*472*D8*20161117
SE*25*0001
GE*1*1
IEA*1*000001234

Look for the STC segment in the file
You will be able to see the Claim Status Code and/or Claim Status Category Codes in the STC segment on the report.
Locate the Claim Status code and/or Claim Status Category code.
Verify the code’s definition on the Washington Publishing (WPC) web site

Claims Status Codes

Claim Status Category Codes

Locate the QTY segment to determine the total rejected claims or rejected quantity.

90 = Acknowledged Quantity
AA = Unacknowledged Quantity
QA = Quantity Approved
QC = Quantity Disapproved

Locate the entity identifier code in the NM1 segment located just above the STC segment. This will identify which entity has an error. Examples of the Entity Code are:

AY = Clearinghouse
41 = Billing Service
85 = Billing Provider
IL = Subscriber
STC03 = "WQ" ACCEPTED, OR 'U' FOR REJECTED

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Date</th>
<th>Modified By</th>
<th>Comments/Revision Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>January 12, 2017</td>
<td>D. Santos</td>
<td>Draft version for 5010 format</td>
</tr>
</tbody>
</table>